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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/441,898 11/17/1999 PAT 6,607,540 which is a CON of 08/766,193
12/12/1996 PAT 5,993,465
which is a CON of 08/316,730 10/03/1994 PAT 5,858,018
which is a CIP of 08/111,634 08/25/1993 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/16/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TN	SHEETS DRAWING 10	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 7	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

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TITLE

SURGICAL LIGATION CLIP AND METHOD FOR USE THEREOF

FILING FEE RECEIVED 1367	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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